



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT RANDOLPH HOSPITAL INC

City of Hospital: Winchester

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10710691
Outpatient Patient Service Revenue	\$71707794
Total Gross Patient Service Revenue	\$82418485

2. Deductions From Revenue

Contractual Allowance	\$59151736
Other Deductions	\$2037321
Total Deductions	\$61189057

3. Total Operating Revenue

Net Patient Service Revenue	\$21229428
Other Operating Revenue	\$591112
Total Operating Revenue	\$21820540

4. Operating Expenses

Salaries and Wages	\$6075614	Employee Benefits	\$1887781
Depreciation and Amortization	\$1110235	Interest Expense	\$494675
Bad Debt	\$0	Other Expenses	\$12730047
Total Operating Expenses	\$22298352		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-477812	Total Assets	\$16129000
Net Non-operating Gains over Loss	\$-207141	Total Liabilities	\$19449000

Total Net Gains	\$-684953
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30346907	\$22786722	\$7560185
Medicaid	\$23701560	\$20799406	\$2902154
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28370018	\$17602929	\$10767089
Total	\$82418485	\$61189057	\$21229428

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$41641	\$-41641

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$114917	\$-114917

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	3727

Statement Six: Charity Statement

Hospital Charity Charges	\$7460565
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1936279	
HCI Payments	\$0		
Subtotal	\$0	\$1936279	\$-1936279
Medicaid Shortfalls	\$2902154	\$6859761	
Subtotal	\$2902154	\$8796040	\$-5893886
DSH Payments	\$0		
Subtotal	\$2902154	\$8796040	\$-5893886
Medicare Shortfalls	\$7954849	\$7876088	
Other Government Programs	\$0	\$0	
Total	\$10857003	\$16672128	\$-5815125

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$96236	\$-96236
Community Assessment	\$0	\$21731	\$-21731
Provision of Taxes	\$0	\$708374	\$-708374
Other Allocations	\$0	\$0	\$0

Comments